DIVISION OF SERVICES TO THE DEAF AND HARD OF HEARING

5709 SOUTH 1500 WEST
TAYLORSVILLE, UTAH 84123
801-263-4860 Voice/801-657-5200 VP/801-263-4865 FAX

DEAF AND HARD OF HEARING HOSPITAL KIT ORDER FORM

Billing Information:

Name: _____

Company: _____

Street Address: _____

_____

City, State Zip: _____

Phone _____

Ship to:

Name: _____

Company: _____

Street Address: _____

_____

City, State, Zip: _____

Phone: _____

Yes Ship to same address

HARD OF HEARING PATIENT HOSPITAL KIT				DEAF PATIENT HOSPITAL KIT			
QUANTITY	ITEM	PICK UP PRICE	MAILING PRICE	QUANTITY	ITEM	PICK UP PRICE	MAILING PRICE
	1 Kit	$4.03	$5.43 plus the actual cost of postage and handling		1 Kit	$4.65	$6.05 plus the actual cost of postage and handling
	5 Kits	$20.15	$21.55 plus the actual cost of postage and handling		5 Kits	$23.25	$24.65 plus the actual cost of postage and handling
	10 Kits	$40.30	$43.49 plus the actual cost of postage and handling		10 Kits	$46.50	$43.69 plus the actual cost of postage and handling

THESE KITS MAY BE PICKED UP AT THE SANDERSON CENTER WITH IN 14 DAYS OF DATE OF ORDER

Phone orders, mail orders, and fax orders are all acceptable.

If you have any questions, you may contact Robin Traveller at rtraveller@utah.gov or 801-657-5752

You will be invoiced upon confirmation of applicable postage and handling fees.

OFFICE USE:

Date Received_____ Order Number/Invoice Number _____

Date Released _____ Date Invoiced _____